

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

_____	)	
In re VASO ACTIVE PHARMACEUTICALS	)	
SECURITIES LITIGATION	)	
_____	)	Master Docket No. 0410708-RCL
	)	
This Document Relates To:	)	
	)	
ALL ACTIONS	)	
_____	)	

**PROOF OF CLAIM AND RELEASE**

DEADLINE FOR SUBMISSION: \_\_\_\_\_, 2005.

YOU ARE A CLASS MEMBER IF YOU (i) PURCHASED OR OTHERWISE ACQUIRED VASO CLASS A COMMON STOCK ON THE OPEN MARKET DURING THE PERIOD DECEMBER 9, 2003 THROUGH MARCH 31, 2004 (THE "CLASS PERIOD"); AND/OR (ii) PURCHASED OR OTHERWISE ACQUIRED SHARES OF VASO CLASS A COMMON STOCK IN CONNECTION WITH THE COMPANY'S INITIAL PUBLIC OFFERING ON OR ABOUT DECEMBER 9, 2003 (THE "IPO").

IF YOU ARE A CLASS MEMBER, YOU MUST COMPLETE AND SUBMIT THIS FORM IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS. ANY SETTLEMENT NOTES ISSUED TO YOU WILL BE ISSUED USING YOUR NAME AND ADDRESS AS THEY APPEAR ON THIS FORM.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE AND MAIL IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN \_\_\_\_\_, 2005 TO THE FOLLOWING ADDRESS:

In re Vaso Securities Litigation Exclusions  
c/o A.B. Data, Ltd.  
Claims Administrator  
P. O. Box 170200  
Milwaukee, WI 53217-8016

YOUR FAILURE TO SUBMIT YOUR PROOF OF CLAIM AND RELEASE FORM BY \_\_\_\_\_, 2005 WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOU FROM RECEIVING ANY MONEY (EITHER CASH OR NOTES) IN CONNECTION WITH THE SETTLEMENT OF THIS LITIGATION. DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL AS ANY

SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR.

1. I either: (i) purchased or otherwise acquired Vaso Class A common stock on the open market during the period December 9, 2003 through March 31, 2004; and/or (ii) purchased or otherwise acquired shares of Vaso Class A common stock in connection with the Company's initial public offering on or about December 9, 2003.

2. By submitting this Proof of Claim and Release, I state that I believe in good faith that I am a Class Member as defined above and in the Joint Notice of Proposed Settlement of Class Action and Derivative Action and Application for Attorneys' Fees and Settlement Hearings (the "Notice"), or am acting for such person; that I am not a Defendant in the Action or anyone excluded from the Class, that I have not submitted any other claim covering the same transaction in Vaso Class A common stock; that I have read and understand the Notice; that I believe that I am entitled to receive a share of the Net Settlement Fund; that I elect to participate in the proposed Settlement described in the Notice; and that I have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Class Member (e.g., as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)

2. I have set forth where requested below all relevant information with respect to my position in Vaso Class A common stock on the indicated dates, each purchase or acquisition of Vaso Class A common stock during the Class Period and in the IPO, and each sale, if any, of Vaso Class A common stock.

3. I have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, relevant portions of my tax returns or other documents evidencing each purchase,

acquisition, sale or retention of Vaso Class A common stock listed below in support of my claim. (IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER OR TAX ADVISOR BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.)

4. I understand that the information contained in this Proof of Claim and Release is subject to such verification as the Claims Administrator may request or as the Court may direct, and I agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to calculate your Recognized Claim efficiently and reliably. In some cases the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives of Vaso securities such as options.)

5. Upon the occurrence of the Effective Date (as defined in the Stipulation), my signature hereto will constitute a full and complete release and discharge as described in the Notice, all of which will bind me or, if I am submitting this Proof of Claim and Release on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her or them, and by my, its, his, her or their heirs, executors, administrators, successors, and assigns, of each of the "Released Parties" of all "Released Claims," including "Unknown Claims" as defined in the Stipulation.

6. I submit this Proof of Claim and Release under the terms of the Stipulation described in the Notice. I also submit to the jurisdiction of the United States District Court for

the District of Massachusetts with respect to my claim as a Class Member and for purposes of enforcing the release set forth herein. I further acknowledge that I am bound by and subject to the terms of any judgment that may be entered in the Action. I agree to furnish additional information to Lead Counsel or the Claims Administrator to support this claim.

7. Statement of Claim

Name(s) of Beneficial Owner(s):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Joint Owner's Name (if any)

Address of Beneficial Owner(s):

\_\_\_\_\_  
Street No.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

( ) \_\_\_\_\_  
Telephone No. (Day)

( ) \_\_\_\_\_  
Telephone No. (Night)

\_\_\_\_\_  
Employer I.D. No. or Social Security No.

\_\_\_\_\_  
E-mail Address

Check one:

\_\_\_ Individual

\_\_\_ IRA Account

\_\_\_ Estate

\_\_\_ Trustee/Custodian

\_\_\_ Corporation

\_\_\_ Other \_\_\_\_\_ (specify)

8. At the close of business on December 8, 2003 I owned \_\_\_\_\_ shares of Vaso Class A common stock.

9. I made the following:

(a) purchases or acquisitions of Vaso Class A common stock on the open market during the period December 9, 2003 through March 31, 2004, inclusive; and/or

(b) purchases or acquisitions of Vaso Class A common stock in connection with the Company's initial public offering on December 9, 2003. (Persons who received Vaso Class A common stock during the Class Period other than by the means described in 9(a) and 9(b) are not eligible to submit claims for those transactions.):

Date(s) of Purchase /acquisition (List Chronologically) (Month/Day/Year)	Number of Shares of Common Stock Purchased/acquired	Purchase/acquisition Price Per Share of Common Stock	Aggregate Cost (including commissions, taxes, and fees)
____/____/____	_____	\$ _____	\$ _____
____/____/____	_____	\$ _____	\$ _____
____/____/____	_____	\$ _____	\$ _____
____/____/____	_____	\$ _____	\$ _____

10. I made the following sales of Vaso Class A common stock during the period from December 9, 2003 through and including July 13, 2004:

Date(s) of Sale (List Chronologically) (Month/Day/Year)	Number of Shares of Common Stock Sold	Sale Price Per Share of Common Stock	Amount Received (net of commissions, taxes, and fees)
____/____/____	_____	\$ _____	\$ _____
____/____/____	_____	\$ _____	\$ _____
____/____/____	_____	\$ _____	\$ _____
____/____/____	_____	\$ _____	\$ _____

11. At the close of business on July 13, 2004, I still owned \_\_\_\_\_ shares of Vaso Class A common stock.

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS PHOTOCOPY THIS PAGE. If your trading activity during the Class Period exceeds 70

**transactions, you must provide, in an electronic file, all purchase and sales information required by this document.**

13. Substitute Form W-9

Request for Taxpayer Identification Number:

Enter the taxpayer identification number below for the Beneficial Owner(s). For most individuals, this is your Social Security Number. The Internal Revenue Service ("I.R.S.") requires such taxpayer identification number. If you fail to provide this information, your claim may be rejected.

---

Social Security Number (for individuals) or

---

Employer Identification Number  
(for estates, trusts, corporations, etc.)

14. Certification

I (We) certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code because: (a) I am (we are) exempt from backup withholding, or (b) I (we) have not been notified by the I.R.S. that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the I.R.S. has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: if you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT AND COMPLETE.

Signature of Claimant (If this claim is being made on behalf of Joint Claimants, then each must sign)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Capacity of person(s) signing, e.g.,  
beneficial purchaser(s), executor,  
administrator, trustee, etc.)

Date: \_\_\_\_\_

THIS PROOF OF CLAIM AND RELEASE MUST BE SUBMITTED NO LATER  
THAN \_\_\_\_\_, 2005, AND MUST BE MAILED TO:

In re Vaso Securities Litigation Exclusions  
c/o A.B. Data, Ltd.  
Claims Administrator  
P. O. Box 170200  
Milwaukee, WI 53217-8016

A Proof of Claim and Release received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by \_\_\_\_\_, 2005, and if a postmark is indicated on the envelope and it is mailed first class, and addressed in accordance with the above instructions. In all other cases, a Proof of Claim and Release shall be deemed to have been submitted when actually received by the Claims Administrator.

If you wish to be assured that your Proof of Claim and Release is actually received by the Claims Administrator, then you should send it by Certified Mail, Return Receipt Requested. No acknowledgment will be made as to the receipt of claim forms. You should be aware that it will take a significant amount of time to process fully all of the Proof of Claim and Release forms and to administer the Settlement. This work will be completed as promptly as time permits, given

the need to investigate and tabulate each Proof of Claim and Release. Please notify the Claims Administrator of any change of address.